

CONFIDENTIAL

NAME TRACE REQUEST FORM

Date: _____

Ref/Control No.: D-5

To : DAD 513th XX A-2 XX OSI XX USAREUR
REGISTRY EL

Date Due: _____

From: ONI BIV BND ASBW
DAD, Munich

ATTACHMENT TO EGMA 65349

I. 1. NAME: FISCHER Dr. Alois
Last First Middle

2. Aliases/Variants/Maiden Name: _____

3. Date of Birth: 11 January 1912 4. Place of Birth: Eidlitz (now Udice), CSSR

5. Citizenship: a. Present _____ b. Previous _____

6. Present Residence: Munich 25, Oberauerstrasse 11

7. Past Residences: _____

8. Present Employment (Occupation): _____

9. Past Employment: _____

10. Additional Information: _____

II. Agencies Previously Traced by Requestor and Dates: DAD _____ 65th _____ 513th _____

A-2 _____ OSI _____ ONI _____ BIV _____ BND _____ ASBW _____

Other (Specify) _____

III. Reason for Trace Request: OF SECURITY INTEREST TO THE END.
PLEASE INDICATE IN YOUR REPLY THAT PORTION SUITABLE FOR PASSAGE TO THE END.

RESULTS OF RECORD SEARCH

Date: _____

- ☐ The Files of this organization reflect no record on Subject.
☐ The Files of this organization reflect the following information:

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2003 2006

DOWNGRADED AT 12 YR INTERVALS:
NOT AUTOMATICALLY DECLASSIFIED.
DDI 70R 5293.10

(Use Reverse Side for Additional Details)

NE-1 (Rev 12/12)

CONFIDENTIAL

Initials

X